

APPLICATION FOR MEMBERSHIP - McLEAN COUNTY E.S.D.A.

Name_____Address_____City_____Zip_____
Date of Birth_____Home Phone_____Social Security #_____
Age_____Height_____Weight_____Eyes_____Hair_____Blood Type_____
Marital Status: Single_____Married_____Divorced_____Widowed_____
Number of Dependents_____Ages of Each_____
Do you Own_____or Rent_____your home? Length of time at present address_____
Present Employer_____Address_____City_____
Nature of Work_____Are you able to leave work if called?_____
Previous Employer_____Address_____City_____
Dates Employed_____Nature of Work_____
List two references (other than former employers or relatives)

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

Do you have a valid driver's license? Yes___No___State___Number_____
Cellular Phone? Yes___No___Amateur Radio? Yes___No___FM Radio? Yes___No___
LIST ALL EMERGENCY EQUIPMENT you have access to: 4 Wheel Drive Vehicle_____
Snow-mobile___Generator___Tents___Cots___Search Lights___Chain Saws_____
Others:_____
Knowledge and skills that would be of value in emergency situations that you now possess:_____
Police record over the past ten years (excluding minor traffic offenses)_____

OATH REQUIRED OF E.S.D.A. VOLUNTEERS

I, _____, do solemnly swear (or affirm) that I will support and defend and bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of Illinois, and territory, institutions, and facilities thereof, both public and private, against all enemies, foreign and domestic; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter. And I do further swear (or affirm) that I do not advocate, nor am I, nor have I been a member of any political party or organization that advocates the overthrow of the government of the United States or of this State by force or violence; and that during such time as I am affiliated with the McLean County Emergency Services and Disaster Agency, I will not advocate, nor become a member of any political party or organization that advocates the overthrow of the Government of the United States, or of this State by force or violence.

DATE_____

SIGNATURE_____

Date Accepted_____

McLean County E.S.D.A. Director